



DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280

PHOENIX, ARIZONA 85007

(602) 771-1000 WWW.AZHOUSING.GOV FAX: (602)-771-1002

STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION

Your Full Name: _____ Date of Birth: _____

Complete Residence Address: _____

Residence Telephone: _____

Business Name Stated on License Application: _____

Position/Title You Hold: _____
(Example: president, managing member, qualifying party, partner, etc.)

I, _____, do hereby consent to having an inquiry made as to
Your Full Name
my moral character, professional reputation and fitness for said license.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Department of Housing any such information, including documents, records, or information regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Department of Housing or any of its agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the Department of Housing, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information of the inquiry made by the Department of Housing.

State of _____)

County of _____)

Signature: _____ Date: _____

Printed Name: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Notary Public Signature: _____ My commission expires: _____